

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049127

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 1

FILED JAN 6 1964

## 1. PLACE OF DEATH

a. COUNTY ST CHARLES

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST CHARLES

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST JOSEPH'S

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY ST LOUIS

c. CITY OR TOWN HAZELWOOD Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 517 SARATOGA Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First MARY Middle ALICE Last BLANTON

5. SEX Female

6. COLOR OR RACE W

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-26-63

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
December 30 1963

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST CHARLES, MISSOURI

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME JOSEPH Esmond BLANTON

13b. MOTHER'S MAIDEN NAME JUNE Ann FREEMAN

14. NAME OF HUSBAND OR WIFE Address 517 SARATOGA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 762.0  
17. INFORMANT JUNE FREEMAN BLANTON HAZELWOOD, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Anoxia 762.0

INTERVAL BETWEEN ONSET AND DEATH 3 1/2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Prematurity 276X

4 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 26, 1963 to Dec 30, 1963 and last saw her alive on Dec 30, 1963  
Death occurred at 3:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M.D.

22b. ADDRESS 114 N. Main - St. Charles, Mo.

22c. DATE SIGNED 12-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 1/1/64

23c. NAME OF CEMETERY OR CREMATORY old FELLOW

23d. LOCATION (City, town, or county) (State) Bismarck, Mo.

24. FUNERAL DIRECTOR ADDRESS DALE Sparks, BONNE TERRE, Mo.

25. DATE RECD. BY LOCAL REG. 1-1-64

26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
10928  
24026  
3  
4 1  
5 0  
6  
7 0  
8 2  
9 7625  
10  
11  
12 1-0  
13 50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by (Was Not Embalmed), Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Ernest Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.